

Nuffield Health

Nuffield Health Fitness and Wellbeing Centre

Inspection report

London City Medical Centre

25 Hosier Lane,

London,

EC1A 9PH

Tel: 0207 236 2832

Website: www.nuffieldhealth.com/clinics/london-city-medical-centre

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Overall summary

We carried out an announced comprehensive inspection on 11 April 2018 to ask the service the following key questions: are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Nuffield Health Fitness and Wellbeing Centre provides health assessments that include a range of screening processes. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. For example, physiotherapy and occupational health assessments do not fall within the regulated activities for which the location is registered with CQC.

We received eighteen completed CQC comment cards. All the completed cards indicated that patients were treated with kindness and respect. Staff were described as

Summary of findings

friendly, caring and professional. Some patients commented on how using the service had helped them with their individual care needs. In addition, comment cards described the environment as pleasant, clean and tidy. We spoke with four patients during the inspection. All four patients were happy with the care and service they received.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards.
- The service was offered on a private fee paying basis for adults only.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment. Treatment was delivered in line with best practice guidance and appropriate medical records were maintained.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Systems were in place to protect personal information about patients.
- Information about services and how to complain was available and easy to understand.
- An induction programme was in place for all staff and staff received induction training prior to treating patients.
- Staff were well supported with training and professional development opportunities. They were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- The practice had a clear vision to provide a safe and high quality service. And there was a clear leadership and staff structure. Staff understood their roles and responsibilities.
- There were clinical governance systems and processes in place to ensure the quality of service provision. Staff had access to all standard operating procedures and policies.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All staff had received safeguarding training appropriate for their role, and had access to local authority information if safeguarding referrals were necessary.
- Staffing levels were appropriate for the provision of care provided.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- We found the equipment and premises were well maintained with a planned programme of maintenance.
- Appropriate recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment.
- The provider was aware of and complied with the requirements of the Duty of Candour, and encouraged a culture of openness and honesty.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- There were staff training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was sought in line with the providers policies. All staff had received training on the Mental Capacity Act.
- The service had a programme of ongoing quality improvement activity. For example there was a range of checks and audits in place to promote the effective running of the service.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We spoke with four patients on the day of inspection, and reviewed 18 CQC comment cards which included feedback from patients about their experience of the service. All were positive about the service they received.
- The service treated patients courteously and ensured that their dignity was respected.
- Patients were fully involved in decisions about their care and provided with reports detailing the outcome of their health assessment.
- Staff we spoke with demonstrated a patient centred approach to their work.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Feedback from patients was that appointment availability was good and that they had received timely results and treatments.
- The premises were fully accessible and well equipped to meet people's needs.

Summary of findings

- The service proactively asked for patient feedback and identified and resolved any concerns.
 - There was an accessible complaints system both in the waiting area of the service and on the provider's website.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership structure and staff felt supported by management.
 - The provider had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
 - There were good systems in place to govern the practice and support the provision of good quality care and treatment.
 - Staff we spoke to told us the provider encouraged a culture of openness and honesty.
 - The provider actively encouraged patient feedback.
 - Systems were in place to ensure that all patient information was stored securely and kept confidential.
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Nuffield Health Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

Nuffield Health Fitness and Wellbeing Centre is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening; and treatment of disease, disorder and injury. The location is part of Nuffield Health, a not for profit healthcare provider.

The service provides health assessments that include a variety of screening processes, including: 360 Health Assessment (a comprehensive health review for both male and female patients); and Lifestyle health Assessments. The purpose of the health assessments is to provide patients with a comprehensive review of their health, it covers key health concerns such as weight, diabetes, heart health, cancer risk and emotional wellbeing. Following the assessment and screening process patients have a consultation with a doctor to discuss the findings of the screening procedures and to consider and plan for any required treatment. Patients receive a comprehensive report detailing the findings of the assessment. The report includes advice and guidance on how the patient can improve their health together with information to support healthier lifestyles. Any patients requiring further investigations or any additional support are referred to other services, for instance, their own GP. The centre also provides GP services for private paying patients.

The service address is:

London Medical Centre, 25 Hosier Lane, London, EC1A 9PH

It is open Monday to Friday from 8.00am to 6.00pm.

The clinical staff team at the service consists of two part-time clinical lead doctors, (regional clinical lead and London clinical lead), together with a further nine doctors

who work at the location part-time. This team includes female and male GPs. In addition, there is a regional clinical lead physiologist, a physiology team leader, and two senior physiologists who manage a team of seven other physiologists. A physiologist is a graduate in exercise, nutrition and health sciences. Physiologists are full professional members of the Royal Society for Public Health (RSPH), and are trained to carry out health assessments, give advice and motivate patients to make lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management. The clinical team is completed by three physiotherapists, a Cognitive Behavioural Therapist, and two occupational therapists. The non-clinical team is led by a general manager, together with two administrative staff and a medical laboratory assistant. Physiologists, physiotherapists, cognitive behavioural therapists and occupational therapists are not included as clinicians in CQC's Scope of Registration. This report only covers the regulated activities carried out by doctors.

We carried out an announced comprehensive inspection at Nuffield Health Fitness and Wellbeing Centre London City Medical Centre on 11 April 2018. Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor, together with a Practice Manager and Practice Nurse Specialist Advisors. Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed the last inspection report published on 6 September 2013, any notifications received, and the information provided from the pre-inspection information request sent to the service prior to this inspection.

During our visit we:

Detailed findings

- Spoke with a range of staff including the site manager, GPs, physiologists, a member of the non-clinical staff.
- Looked at the systems in place for the running of the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions are made.
- Spoke with four patients and reviewed 18 CQC comment cards which included feedback from patients about their experience of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded them from abuse.

Appropriate recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, proof of qualifications and proof of registration with the appropriate professional bodies. In addition, Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The premises were suitable for the service provided. The service conducted safety risk assessments. It had a range of safety policies that were regularly reviewed and communicated to staff. Safety information was provided to staff as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All staff received appropriate safeguarding training that reflected legislation and local requirements, and the provider had a safeguarding lead. The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration, for example, revalidation for GPs (Doctors who practise medicine in the UK must go through a process of revalidation every five years in order to remain licenced to practice medicine. The process of revalidation is a review of evidence from their annual appraisals to ensure their skills are up-to-date and they remain fit to practise medicine).

Information in the waiting area advised patients that staff were available to act as chaperones. All staff who acted as chaperones were trained for the role.

There was an effective system to manage infection prevention and control. Daily checks were completed in each assessment room for cleanliness which included

equipment. We saw the laboratory, where the testing took place, had its own programme for cleaning and monitoring for infection control. The service had a cleaning schedule in place that covered all areas of the premises.

Risks to patients

There was enough staff, including clinical staff, to meet demand for the service. The service was not intended for use by patients requiring treatment for long term conditions or as an emergency service.

The service had arrangements in place to respond to emergencies and major incidents. All staff had completed training in emergency resuscitation and life support which was updated yearly. There were push button alarms in all the health assessment rooms to enable staff to summon assistance in the event of an emergency. In addition:

- Staff received annual basic life support training.
- There was a supply of oxygen and a defibrillator.
- Emergency medicines were easily accessible to staff in a secure location known to all staff. The medicines were regularly checked to ensure that the supplies remained in date and replenished as necessary.
- There was a business continuity plan in place for major emergencies such as power failure or building damage. The plan included contact phone numbers for staff in the event of an emergency. Copies of the plan were accessible off-site.

The service had up to date fire risk assessments and it carried out regular fire drills. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it remained in working order.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system. This included investigation and test results, health assessment reports and advice and treatment plans.

Assessments were recorded on the services electronic system. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was an off-site record back up system.

Are services safe?

Safe and appropriate use of medicines

There were no medicines held on the premises (other than emergency medicines). Quality assurance systems included clinical oversight of all prescriptions. If a health concern was identified as part of the assessment and screening process patients were referred on to other services for clinical input.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, and reports were produced in order to reflect on the findings. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw these were discussed at meetings.
- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). These are distributed to all clinicians by

email and reviewed in regular clinical meetings. All pathology results were reviewed by the attending Doctor and an accredited biomedical scientist with follow-up action appropriately taken.

Lessons learned and improvements made

There was an effective system in place for reporting and recording significant events. Significant events were recorded on the service's computer system which all staff had received training to use. The service carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at monthly meetings. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared nationally to make sure action was taken to improve safety in the service. When there were unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. The service discussed client needs to ensure the most appropriate health checks were being undertaken for each individual.

When a patient needed a referral for further examination, tests or treatments they were directed to an appropriate agency by a centrally managed referrals team.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Key performance indicators were in place for monitoring care and treatment and the quality of consultations with patients was monitored through observed practice.

Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. We reviewed two audits: a completed three-cycle audit of benzodiazepine prescribing, and an audit for point of care testing (POCT) which included reviewing the maintenance of equipment and ensuring results were recorded onto the electronic system. Completed audits showed that the service reviewed and reflected on the findings and implemented changes where these were indicated.

Effective staffing

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The service had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

We reviewed the in house training system and found staff had access to a variety of training, including: e-learning training modules; and in-house training. Staff were

required to undertake mandatory training and this was monitored to ensure staff were up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Staff were supported through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance.

Where patients needed to be referred to secondary health care, Nuffield Health had a designated team in place which guided patients through the process of accessing secondary care.

Supporting patients to live healthier lives

The primary aim and objective of the service was to support patients to live healthier lives. This was done through a process of assessment and screening and the provision of individually tailored advice and support to assist patients. Following assessment, each patient was provided with an individually tailored detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill-health and improve their health through healthy lifestyle choices. Reports also included fact sheets and links to direct patients to more detailed information on aspects of their health and lifestyle should they require this.

Consent to care and treatment

Staff sought patients consent to care and treatment in line with legislation and guidance. Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The service did not provide services for children and young people.

The service obtained written consent before undertaking procedures and specifically for sharing information with outside agencies such as the patient's GP. Information

Are services effective?

(for example, treatment is effective)

about fees was transparent and available online. We saw that consent was recorded in the patient record system. This showed the service met its responsibilities within legislation and in line with relevant national guidance.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

The feedback we received about patient experience of the service was positive. We spoke with four patients during the visit. All four patients were happy with the service they received and confirmed they were treated with dignity and respect by all staff. We also made CQC comment cards available for patients to complete prior to the inspection visit. We received 18 completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was very good and that staff treated them in a caring professional manner and with dignity and respect.

Following consultations, patients were sent a survey asking for their feedback on the service. Patients that responded indicated they were very satisfied with the service they had received. Staff we spoke with demonstrated a patient centred approach to their work which reflected the feedback we received in CQC comment cards.

Involvement in decisions about care and treatment

Patients were provided with a report covering the results of the assessment and screening procedures. This identified areas where they could improve their overall health by lifestyle changes. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on. All staff had been provided with training in equality, diversity and inclusion.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the service complied with the Data Protection Act 1998. All confidential information was stored securely on computers.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations so that conversations taking place in those rooms could not be overheard. Signs in the reception area advised patients that chaperones were available should they want this and staff who provided chaperoning had received training to carry out the role.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

The service offered a range of health assessments for patients. The service had an on-site pathology laboratory, so was able to offer same day pathology results; most of these were available during the patient's assessment which enabled them to be reviewed and discussed with the doctor.

Discussions with staff showed that the service was person centred and flexible to accommodate patient needs. Patients received personalised reports that were tailored to their particular needs. They were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

Timely access to the service

Patients booked appointments through a central appointments system. Appointments were available at varied times Monday to Friday. Staff advised that there was rarely any difficulty in providing appointments that met patients' needs, but in the event of a lack of appointments meeting a patient's needs, the service could offer alternative appointments at a choice of nearby Nuffield

Health services located less than one mile from the service. Patients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service.

Listening and learning from concerns and complaints

There was a lead member of staff for managing complaints and all complaints were reported through the provider's quality assurance system. This meant that any themes or trends could be identified and lessons learned from complaints were shared across the providers locations.

The provider had a complaints policy and procedure and information about how to make a complaint. The complaints information detailed that patients could refer their complaint to the Independent Health Care Advisory Service if they were not happy with how their complaint had been managed or with the outcome of their complaint. The complaints policy contained appropriate timescales for dealing with a complaint.

Information about how to make a complaint was available in the service waiting area and on the service website. We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the event.

Six complaints had been received in the last year. We reviewed two complaints and found that the complaints had been satisfactorily handled and that patients were responded to in a timely and appropriate way.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing a well-led service in accordance with the relevant regulations.

Leadership capacity and capability;

The service was part of a national organisation which had extensive governance and management systems in place. These arrangements included a range of reporting mechanisms and quality assurance checks to ensure appropriate and high quality care. Processes were in place to check on the suitability, and capability, of staff in all roles.

There was a clear leadership structure in place and staff felt supported by management. Staff we spoke with told us management were approachable and always took the time to listen to them. Staff had been provided with good training opportunities linked to their roles, responsibilities and professional development goals.

Vision and strategy

The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had an open and transparent culture which encouraged candour, openness and honesty. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.

The provider had a whistleblowing policy in place and staff had been provided with training in whistleblowing. A whistle blower is someone who can raise concerns about the service or staff within the organisation.

An annual staff survey was carried out to seek feedback from staff. The results of this were collated and analysed to action improvements. Regular staff meetings were also held where staff could suggest improvements to the service.

Governance arrangements

There was a clear organisational structure and staff were aware of their roles and responsibilities. A range of service specific policies and procedures were in place to govern activity. These were available to all staff, and were reviewed regularly and updated when necessary.

The service held regular meetings including staff and clinical meetings, and systems were in place to monitor and support staff at all levels. This included having a system of key performance indicators, carrying out regular audits, risk assessments and quality checks and actively seeking feedback from patients.

Systems were in place for monitoring the quality of the service and making improvements. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The service had a number of policies and procedures in place to govern activity and these were accessible by to all staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE).

Risk assessments we viewed were comprehensive and had been reviewed within the last 12 months. There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.

Appropriate and accurate information

Systems were in place to ensure that all patient information was securely stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all patient information. There was a business continuity plan in place which included minimising the risk of not being able to access or losing patient data. Copies of the plan were accessible off-site.

Engagement with patients, the public, staff and external partners

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Patients were actively encouraged to provide feedback on the service they received. This included a feedback box in the reception area and, following health assessments, patients were asked to complete a survey about the service they had received.

This was continuously monitored and action would be taken where feedback indicated that the quality of the service could be improved. The provider's system for analysing patient feedback provided a breakdown of patient experience of staff in different roles.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys.

The role of the physiologists was innovative and continuously developing. Training for this role had been developed in line with recognition of changing health needs, changes to care pathways and the provision of holistic care and treatment.

The provider had recently completed a phase of reviewing information technology systems across the organisation to improve the effectiveness of access to, and sharing of, patient information. Staff were scheduled to receive training within the next few weeks prior to implementation of the new system.